

11/20/00
100-14 U.S. PTO
100-14 U.S. PTO

Please type a plus sign (+) inside this box

11-21-00

PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. SDC-100

First Inventor or Application Identifier Samir N. Hulyalkar

Title DATA SLICER FOR COMBINED TRELLIS DECODING AND EQUALIZATION

Express Mail Label No. EL 684 159 563 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages 28]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C.113) [Total Sheets 8]
- Oath or Declaration [Total Pages 3]
 - Newly executed (original or copy)
 - Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 17 completed)
 - DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - Computer Readable Form (CRF)
 - Specification Sequence Listing on:
 - CD-ROM or CD-R (2 copies); or
 - paper
 - Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

- Assignment Papers (cover sheet & document(s))
- 37 C.F.R. §3.73(b)Statement Power of Attorney (when there is an assignee)
- English Translation Document (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- Other: 2 Checks and Certificate of Express Mail

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: 09/099,730 and 09/100,705

Prior application information: Examiner J. Corrieus / To Be Assigned

Group / Art Unit: 2731 / 2734

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label



or Correspondence address below

PATENT TRADEMARK OFFICE

Name

23122

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)	Kenneth N. Nigon		Registration No. (Attorney/Agent)	31,549
Signature			Date	11/20/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 583)

Complete if Known	
Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Samir N. Hulyalkar
Examiner Name	
Group / Art Unit	

JC893 U.S. PTO
09/11/2000

11/20/00

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																											
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="18-0350"/></p> <p>Deposit Account Name <input type="text" value="Ratner & Prestia"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="4">SUBTOTAL (3) (\$ 40)</td></tr> <tr> <td colspan="4">**or number previously paid, if greater; For Reissues, see above</td> <td colspan="4"></td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	390	216	195	117	890	217	445	118	1,390	218	695	128	1,890	228	945	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,240	241	620	142	1,240	242	620	143	440	243	220	144	600	244	300	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	710	246	355	149	710	249	355	179	710	279	355	169	900	169	900	Other fee (specify) _____				*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 40)				**or number previously paid, if greater; For Reissues, see above							
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																																												
105	130	205	65																																																																																																																																												
127	50	227	25																																																																																																																																												
139	130	139	130																																																																																																																																												
147	2,520	147	2,520																																																																																																																																												
112	920*	112	920*																																																																																																																																												
113	1,840*	113	1,840*																																																																																																																																												
115	110	215	55																																																																																																																																												
116	390	216	195																																																																																																																																												
117	890	217	445																																																																																																																																												
118	1,390	218	695																																																																																																																																												
128	1,890	228	945																																																																																																																																												
119	310	219	155																																																																																																																																												
120	310	220	155																																																																																																																																												
121	270	221	135																																																																																																																																												
138	1,510	138	1,510																																																																																																																																												
140	110	240	55																																																																																																																																												
141	1,240	241	620																																																																																																																																												
142	1,240	242	620																																																																																																																																												
143	440	243	220																																																																																																																																												
144	600	244	300																																																																																																																																												
122	130	122	130																																																																																																																																												
123	50	123	50																																																																																																																																												
126	240	126	240																																																																																																																																												
581	40	581	40																																																																																																																																												
146	710	246	355																																																																																																																																												
149	710	249	355																																																																																																																																												
179	710	279	355																																																																																																																																												
169	900	169	900																																																																																																																																												
Other fee (specify) _____																																																																																																																																															
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 40)																																																																																																																																											
**or number previously paid, if greater; For Reissues, see above																																																																																																																																															
<p>2. Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td></tr> <tr><td colspan="4">SUBTOTAL (1) (\$ 355)</td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>32</td><td>-20**</td><td>= 12</td><td>X 9 = 108</td></tr> <tr><td>5</td><td>-3**</td><td>= 2</td><td>X 40 = 80</td></tr> <tr><td colspan="4">X = 0</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td></tr> <tr><td>102</td><td>80</td><td>202</td></tr> <tr><td>104</td><td>270</td><td>204</td></tr> <tr><td>109</td><td>80</td><td>209</td></tr> <tr><td>110</td><td>18</td><td>210</td></tr> <tr><td colspan="4">SUBTOTAL (2) (\$ 188)</td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	710	201	355	106	320	206	160	107	490	207	245	108	710	208	355	114	150	214	75	SUBTOTAL (1) (\$ 355)				Total Claims	Extra Claims	Fee from below	Fee Paid	32	-20**	= 12	X 9 = 108	5	-3**	= 2	X 40 = 80	X = 0				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	103	18	203	102	80	202	104	270	204	109	80	209	110	18	210	SUBTOTAL (2) (\$ 188)																																																																									
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																																												
101	710	201	355																																																																																																																																												
106	320	206	160																																																																																																																																												
107	490	207	245																																																																																																																																												
108	710	208	355																																																																																																																																												
114	150	214	75																																																																																																																																												
SUBTOTAL (1) (\$ 355)																																																																																																																																															
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																																												
32	-20**	= 12	X 9 = 108																																																																																																																																												
5	-3**	= 2	X 40 = 80																																																																																																																																												
X = 0																																																																																																																																															
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description																																																																																																																																													
103	18	203																																																																																																																																													
102	80	202																																																																																																																																													
104	270	204																																																																																																																																													
109	80	209																																																																																																																																													
110	18	210																																																																																																																																													
SUBTOTAL (2) (\$ 188)																																																																																																																																															

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Kenneth N. Nigon	Registration No. Attorney/Agent)	31,549	Telephone	(610) 407-0700	
Signature				Date	11/20/00	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Certificate of Mailing under 37 CFR 1.10

JC893 U.S. PRO
09/11/01
11/20/00

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

on November 20, 2000.

Date

Signature

Kathleen Libby

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Trans. (1 pg.); Fee Trans. (2); Spec. (28 pgs.); Drawings (8 sheets); DECL/POA (3 pgs.); Assignment (2 pgs.); 1595; 2 Checks; IDS with 1449 (3 pgs.); Postcard;

EL684159563US